

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-675)

SERIAL N.

FILING DATE

00-1807499

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1							
2							1					
3							1					
4							1					
5							1					
6							1					
7							1					
8							1					
9							1					
10							1					
11							1					
12							1					
13							1					
14							1					
15							1					
16							1					
17							1					
18							1					
19							1					
20							1					
21							1					
22							1					
23							1					
24	1		1		1		1					
25							1					
26							1					
27							1					
28							1					
29							1					
30							1					
31							1					
32							1					
33							1					
34							1					
35							1					
36							1					
37							1					
38							1					
39							1					
40							1					
41							1					
42							1					
43							1					
44							1					
45							1					
46							1					
47							1					
48							1					
49							1					
50							1					
TOTAL IND.							24					
TOTAL DEP.							34					
TOTAL CLAIMS							36					

BEST AVAILABLE COPY

BEST AVAILABLE COPY